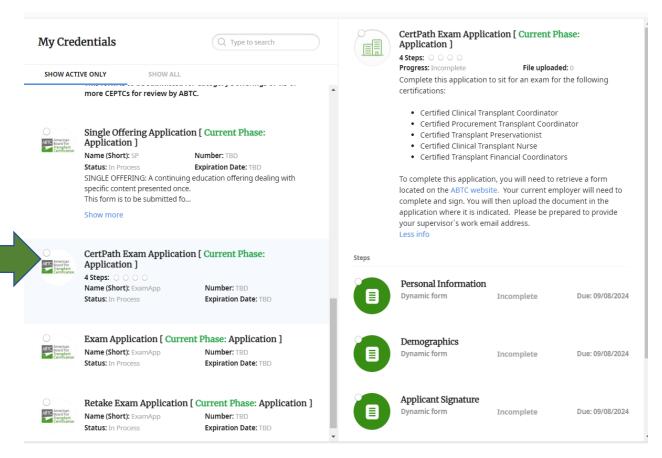
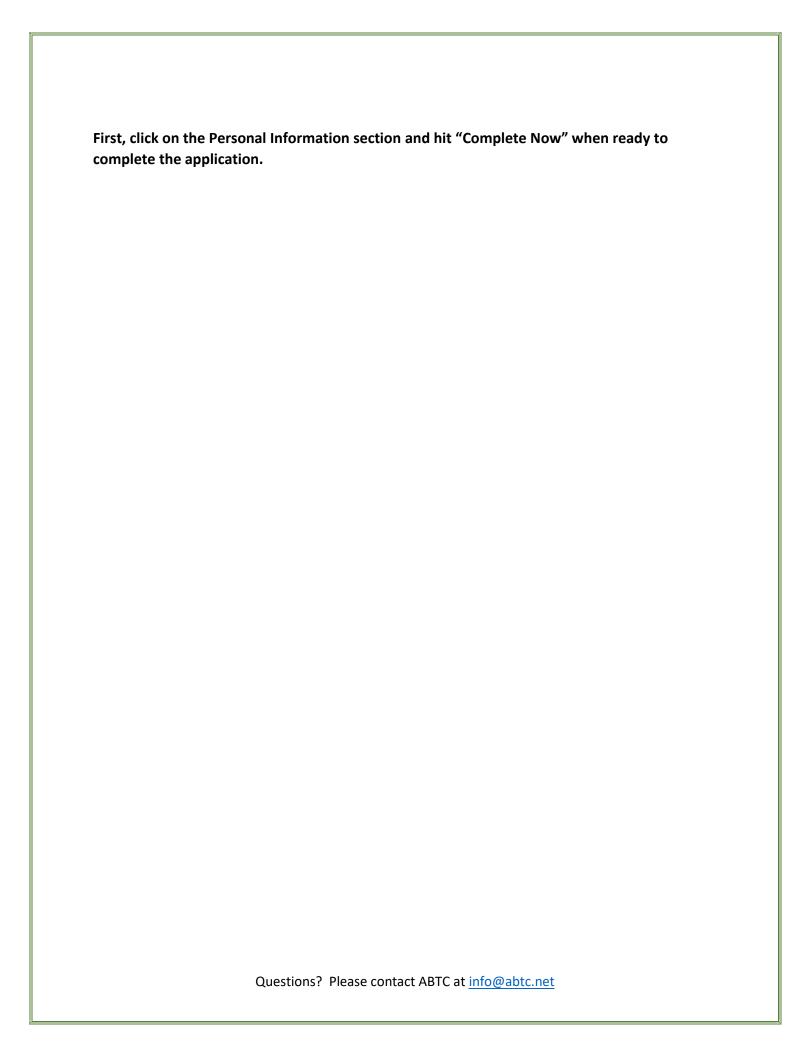


The CertPath application is only available for candidates whose organization is registered with the CertPath program.

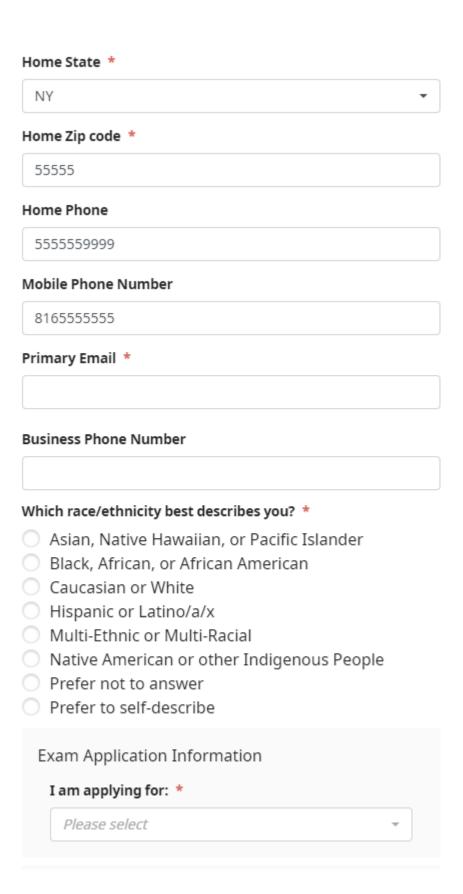






Personal	Informatio	on
<b>∳</b> Incomplete	S Dynamic form	09/08/2024

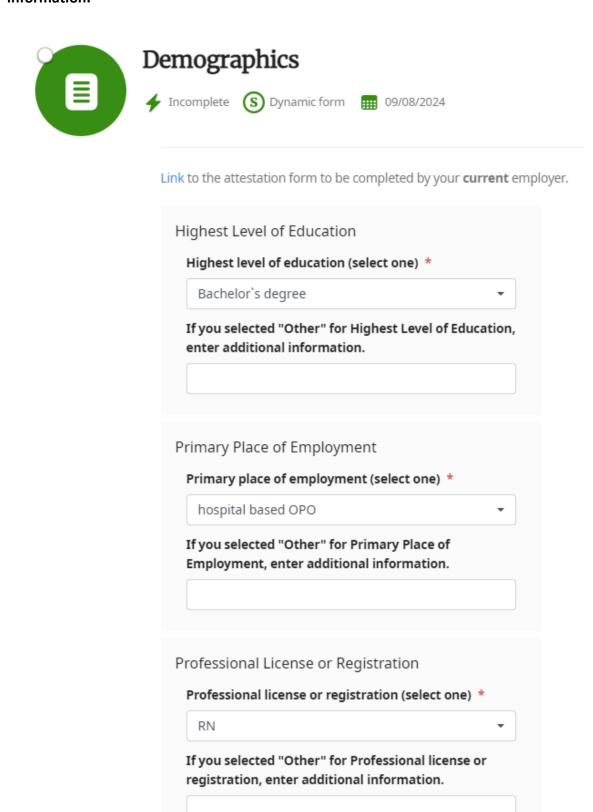
Prefix	
Last Name *	
Test One	
Middle Initial	
First Name *	
Test 2	
Suffix	
Please select	*
If you selected, "Other" for	Suffix, enter information.
Date of Birth *	
10-30-1971	
Home Address Line 1 *	
5555 Street Ave.	
Home Address Line 2	
Home City *	
New York	



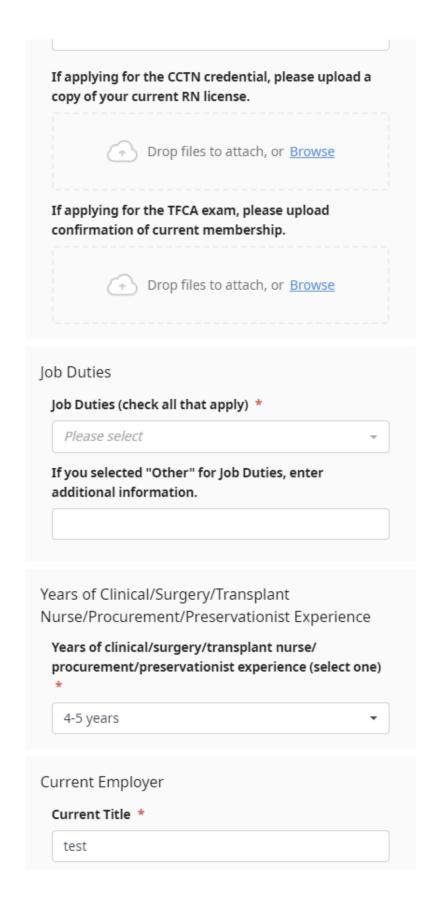
have taken the ex s provide a comple ovider.		

Previous Exam Informa	ation	
I have previously taken TFCA examination. *	the Co	CTC, CPTC, CTP, CCTN or
O No Yes		
CCTC Date		
mm-dd-yyyy		
CPTC Date		
mm-dd-yyyy		
CTP Date		
mm-dd-yyyy		
CCTN Date		
mm-dd-yyyy		
TFCA		
mm-dd-yyyy		
Accommodations		
The ABTC is committed ABTC exam for all qualit disabilities and support Americans with Disabili Please upload the Speci	s the inties Action According to the Acc	dividuals with ntention of the ct as Amended (ADAAA). commodations form and documentation from ting the
Upload special accomm	odatio	ons documentation.

The demographics section is to provide education, license (CCTN exam), and employment information.



Questions? Please contact ABTC at info@abtc.net



Questions? Please contact ABTC at <a href="mailto:info@abtc.net">info@abtc.net</a>

Please list your current employer in the employee section. If you have been with your employer for less than 12 months, provide your previous employment. The Employee Attestation form is located on our website under the examination tab. This form must be completed and signed by your supervisor within the last 90 days of submission.

test	
Name of	Employer *
test	
Employe	er City
test	
Employe	er State *
AK	•
Start Da	te of Employment *
11-01-	2020
Supervis	or`s Name *
testy t	est
Supervis	or`s Work Email *
martin	e71@comcast.net
Supervis	or`s Phone *
85626	56994
complet	attestation form found on the ABTC website ed by your current employer. The form must d within the last 90 days. *
	Drop files to attach, or <u>Browse</u>
	Employer *If you have worked for your Employer less than 12 months, please

Questions? Please contact ABTC at <a href="mailto:info@abtc.net">info@abtc.net</a>

## Confirm that the information entered is correct.

\*Please note that applications are reviewed once a week.

